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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/043,454-Conf. #8257
	Filing Date	January 11, 2002
	First Named Inventor	Dennis M. Smid
	Art Unit	3635
	Examiner Name	R. Canfield
	Attorney Docket Number	DSMID 3.0-001 RE

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000530

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name	
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Country		State		Zip	
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

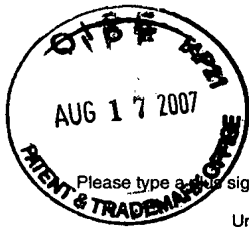| Signature | *[signature]* |
| Name | Dennis M. Smid |
| Date | 8-14-07 | Telephone | 908-518-6374 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: _____ Signature: _____ (Dennis M. Smid)

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SIGNATURE of Applicant or Assignee of Record

Signature	
Name	Richard Palmesino
Date	8-14-07	Telephone	913 812-8241

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[X]   *Total of   2   forms are submitted.

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